

CLAIMS ONLY

Application Number

" Filling" Date

Applicant(s)

32607

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			1			
2						
3						
4						
5						
6						
7						
8						
9			1			
10						
11						
12						
13						
14						
15						
16			1			
17						
18						
19						
20						
21			1			
22						
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep			4			
Total Depend			24			
Total Claims			28			